

Best Available Copy

CLAIMS ONLY							Application Number <i>10/000/5</i>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
2		✓				52				
3			✓			53				
4				✓		54				
5	✓					55				
6			✓			56				
7				✓		57				
8					✓	58				
9						59				
10	✓					60				
11						61				
12						62				
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14						64				
15						65				
16						66				
17	✓					67				
18						68				
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20		✓				70				
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44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			